Long Beach, Calitornia 90815 2525 Grand Avenue, Room 229



HE1207-03

Attention Health Care Providers

The California Code of Regulations, Title 17, Section 2500, requires the report of communicable diseases and conditions. To report a case of a communicable disease, contact the City of Long Beach Department of Health and Human Services Epidemiology Program at (562) 570-4302 or by fax at (562) 570-4374.

Reportable Communicable Diseases

Amebiasis 🕽 ⋈ FAX Anisakiasis 🕽 🖂 FAX Anthrax 🕿 Babesiosis 🕽 🖂 FAX Botulism 🕿 Brucellosis 2 Campylobacteriosis **3** ⋈ FAX Chancroid Chlamydial Infections Cholera T Ciguatera Fish Poisoning = Coccidioidomycosis Colorado Tick Fever ▶ 🖂 FAX Conjunctivitis, Acute Infectious of the Newborn 🔰 🖂 FAX Cryptosporidiosis 🕽 🖂 FAX Cysticercosis Dengue = Diarrhea of the Newborn = (Outbreaks) Diphtheria 🕿

Domoic Acid Poisoning =

FAX = Report by FAX, telephone, or mail

within one (1) working day of identification

Echinococcosis

Ehrlichiosis Encephalitis 🕽 🖂 FAX Escherichia coli O157:H7 = Foodborne Disease **→** □ FAX † Giardiasis Gonococcal Infections Haemophilus Influenzae 🕽 🖂 FAX Hantavirus Infections 2 Hemolytic Uremic Syndrome = Hepatitis, Viral 🕽 🖂 FAX HIV/AIDS 🕽 ⋈ Kawasaki Syndrome Legionellosis Leprosy Leptospirosis Listeriosis 🕽 🖂 FAX Lyme Disease Lymphocytic Choriomeningitis 🕽 🖂 FAX Shigellosis 🕽 🖂 FAX Malaria 🕽 🖂 FAX Meningitis □ FAX Meningococcal Infections =

Pertussis (Whooping Cough) → FAX Plague, Human or Animal Poliomyelitis, Paralytic → FAX Psittacosis **→** 🖂 FAX Q Fever 🕽 🖂 FAX Rabies, Human or Animal a Relapsing Fever **→** □ FAX Reye Syndrome Rheumatic Fever, Acute Rocky Mountain Spotted Fever Rubella Syndrome, Congenital Salmonellosis 🕽 🖂 FAX Scombroid Fish Poisoning = Smallpox (Variola) = Streptococcal Infections 🕽 🖂 FAX (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only) † = Report immediately by telephone when two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness.

Non-Gonococcal Urethritis

Pelvic Inflammatory Disease

Paralytic Shellfish Poisoning =

Swimmer's Itch ⊠ FAX Syphilis 🕽 🖂 FAX Toxic Shock Syndrome Toxoplasmosis Tularemia 🕿 Typhoid Fever 🕽 🖂 FAX (Cases and Carriers) Typhus Fever Varicella (Deaths Only) Viral Hemorrhagic Fevers = Water-associated Disease ▶ 🖂 FAX Yellow Fever 2 Yersiniosis **→** 🖂 FAX

OCCURRENCE of ANY UNUSUAL DISEASE TO OUTBREAKS of ANY DISEASE TO

Reportable Noncommunicable Diseases/Conditions Alzheimer's Disease

Disorders Characterized by Lapses of Consciousness

☎ = Report immediately by telephone. All other diseases/conditions should be reported by FAX, telephone, or mail within seven (7) calendar days of identification

PUBLIC HEALT Department of Health and Human Services

VOLUME 6 • ISSUE 1

DATA FOR JANUARY 2003

The mission of the City of Long Beach Department of Health and Human Services is to improve the quality of life of the residents of Long Beach by addressing the public health and human service needs ensuring that the conditions affecting the public's health afford a healthy environment in which to live, work and play.

Department Management Team

- Ronald R. Arias, MPA Director
- Darryl M. Sexton, MD Health Officer
- Theresa Marino Public Health Bureau Manager
- Don Cillay Environmental Health Bureau Manager
- Corinne Schneider Human and Social Services Bureau Manager
- Roger Hatakeyama Animal Control Bureau Manager
- Michael Johnson Support Services Bureau Manager
- Nettie DeAugustine Preventive Health Bureau Manager

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Advocating for the Public's Health: The Role of Field Public Health **Nurses in Long Beach**

At the time 1-year-old Michael was referred to his public health nurse (PHN), it was apparent that he was developmentally and physically behind most children his age. Michael could not pull himself up to stand or imitate sounds. His condition declined to a critical level when his weight fell below the 5th percentile for children his age and was diagnosed with failure to thrive. Michael's poor health and history of missed doctor appointments concerned his pediatrician and a PHN was referred to assess him for potential inorganic or psychosocial determinants of malnutrition.

Upon a comprehensive assessment of Michael and his family, the PHN was able to visualize a sharper image of the world Michael lived in on a daily basis. Michael had been living with his aunt since birth due to his mother's prenatal and current illicit drug use. It was clear that Michael's aunt loved her nephew, but she was simply overwhelmed with caring for her own four children and commuting by bus to a full-time job. Michael's 18-year-old cousin, who lacked basic knowledge about infant and toddler nutrition, cared for him when his aunt was at work. Michael's aunt disclosed to the PHN that she feels uncomfortable taking Michael to the doctor's office because she does not have legal custody of Michael and is uncertain of her authority to make health-related decisions for him.

Following the visit, the PHN collaborated with other agencies to establish a network of community support and services for Michael and his family. The PHN filed a report to the Department of Children and Family Services to provide social work support, establish legal guardianship for the aunt and ensure follow-up with medical appointments. Michael was referred to the Failure To Thrive Clinic at Harbor UCLA Medical Center, where he was able to receive an extensive medical and developmental evaluation. A referral was also made to Harbor Regional Center for his suspected developmental delays, prompting in-home developmental therapy. Michael suffers from symptoms of prenatal drug exposure. However, with appropriate public health nurse intervention and case management coordination, Michael is gaining weight, standing for several seconds, babbling and waving good-bye. His family has a much deeper understanding of how to promote his development. Now, mealtime is a time of fun and socializing for Michael and his family, and his cousins are even teaching him how to play with toys. Michael's aunt has modified her work schedule so that she can be available for doctor appointments and PHN home visits. Followup home visits to the family have included safety assessments and teaching, health assessments of other family members and many community partner referrals.

Continued on page 2



HIV/AIDS Information

California AIDS Multilingual Hotline 800-922-AIDS

CDC National HIV/AIDS Hotline 800-243-7889

The City of Long Beach
AIDS Surveillance Program
also publishes an
HIV/AIDS Monitoring Report
that contains additional data
about AIDS in Long Beach.
For more information, call
(562) 570-4311.



Advocating for the Public's Health: The Role of Field Public Health Nurses in Long Beach

Continued from page 1

In the fragmented and specialized world of today's complex healthcare system, the PHN plays a vital, cohesive role in empowering individuals and families to understand and manage the health challenges that they face. PHNs are committed to serving the public health needs of nearly half million Long Beach residents. The primary goals of public health nursing are the prevention of illness and achievement of optimum health for the population. In order to achieve these goals, the PHN works with individuals, families and community groups to provide thorough assessments, intensive case management, comprehensive health education,

Communicable Disease Report

Selected Reportable Diseases for the City of Long Beach

Disease	January 2003	January 2002
AIDS	23	16
AMEBIASIS	1	1
CAMPYLOBACTERIOSIS	3	4
CHLAMYDIAL INFECTIONS	182	139
GIARDIASIS	2	4
GONORRHEA	47	50
H. INFLUENZAE	0	0
HEPATITIS A	0	5
HEPATITIS B, acute	4	0
HEPATITIS C, acute	1	0
MEASLES	0	0
MENINGITIS, viral (aseptic)	0	4
MENINGOCOCCAL INFECTIONS	1	0
NON-GONOCOCCAL URETHRITIS (NGU)	5	9
PERTUSSIS	0	0
RUBELLA	0	0
SALMONELLOSIS	5	0
SHIGELLOSIS	4	4
SYPHILIS, primary and secondary *	5	3
SYPHILIS, EARLY LATENT (<1 year) *	1	1
TUBERCULOSIS	5	4

^{*} Numbers provisional until investigation is completed

Sources: City of Long Beach Department of Health and Human Services, Epidemiology Program; Tuberculosis Program; HIV/AIDS Epidemiology Program. California Department of Health Services, STD Control Branch.

counseling and advocacy. PHNs promote access to and utilization of health and social services, performing a critical linkage within the community between clients and resources.

Prior to his PHN referral, Michael's case was one of many without coordinated community services. The successful outcome that resulted from PHN intervention in his case, clearly demonstrates the need for PHN services in Long Beach. PHNs are proficient generalists in health issues at all stages throughout the lifespan. Whether teaching a pregnant teenager how to care for her unborn baby or equipping an elderly couple with resources to maintain independence or investigating transmission of a contagious tuberculosis case, the PHN brings professional knowledge to assess and provide intervention and coordination of services. PHN services are offered at no cost to the client and are available to all Long Beach residents regardless of income. If you or someone you know has any questions regarding PHN services or would like to make a referral, please call the City of Long Beach Department of Health and Human Services, Field Public Health Nursing Division at (562) 570-4203.

AIDS Surveillance Program Data

City of Long Beach Data as of January 31, 2003

City of	Jong Deach Dala	as or samoury .	71, 200.		
4,365 Total Long Beach City AIDS Cases		(2,448 deceased - 56% Mortality Rate)			
4,356 Adult Cases		(2,442 deceased - 56% Mortality Rate)		Nortality Rate)	
9 Pediatric Cases		(6 deceased - 67% Mortality Rate)			
	AIDS Cases	by Gender			
	#		%		
Male	4,093		94		
Female	272		6		
	AIDS Cases by	Race/Ethnicity			
	#		%		
White, Not Hispanic	2,693		62		
Black, Not Hispanic	759		17		
Hispanic	820		19		
Asian/Pacific Islander	79		<2		
American Indian/Alaskan	11		<1		
Unknown	3		<1		
	AIDS Cases by Ex	cposure Category			
		#		%	
Male-to-Male contact		3,288		75	
Intravenous Drug Use		381		9	
Male-to-Male Contact and Intravenous Drug Use		371		9	
Heterosexual Contact		213		5	
Recipient of Blood/Blood Products Transfusion		25		<1	
Hemophilia/Coagulation Disorder		14		<1	
Mother at Risk (Perinatal Exposure)		8		<1	
Risk Not Reported/Other		65		<2	

World Tuberculosis (TB) Day is March 24, 2003!

Did you know that TB...

Has latently (silently) infected over 1/3 of the world population?
Is a leading cause of death worldwide?

Causes disease (illness) in more than 50 people per year in Long Beach alone?

TB is still here...and Long Beach DHHS is trying to stop its' spread!

New guidelines for the treatment of TB are now available!

Healthcare providers, look for a special educational mailing from

LB DHHS to commemorate World TB Day 2003.

Health Department Contact Information

*

General Information (562) 570-4000 www.ci.long-beach.ca.us/health

Alcohol/Drug Rehabilitation (562) 570-4100

Animal Control Shelter (562) 570-7387

Early Intervention Program/ HIV Testing/STD Clinic (562) 570-4315

Environmental Health (562) 570-4132

Immunizations/Walk-In Clinic (562) 570-4222

Prenatal Clinic (562) 570-4217

Senior Center (562) 570-3531

Tobacco Education Program (562) 570-8508

WIC Program (562) 570-4242

The

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2525 Grand Avenue
Long Beach, CA 90815

(562) 570-4000 www.ci.long-beach.ca.us/health

*

To be added or removed from the mailing list, please contact Hanan Obeidi at (562) 570-4382 or email hanan_obeidi@ci.long-beach.ca.us.

*

This information is available in an alternative format.

*

Data contained in this publication are considered provisional due to reporting delays.